

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF TENNESSEE

Case number (if known)

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

David

First name

W.

Middle name

Spivey

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Marlene

First name

K.

Middle name

Spivey

Last name and Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-8379

FKA Marlene K. Ellis

xxx-xx-5878

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known)

About Debtor 1:

4. Your Employer Identification Number (EIN), if any.

EIN

About Debtor 2 (Spouse Only in a Joint Case):

EIN

5. Where you live

**132 Utah Ave
Oak Ridge, TN 37830**

Number, Street, City, State & ZIP Code

Anderson

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.
 Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

| | | |
|---|---|--|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <p><input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.</p> | |
| | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <p><input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.</p> | |
| | 16c. State the type of debts you owe that are not consumer debts or business debts <hr/> | |
| 17. Are you filing under Chapter 7? | | |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | <p><input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.</p> <p><input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | |
| 18. How many Creditors do you estimate that you owe? | | |
| <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
| 19. How much do you estimate your assets to be worth? | | |
| <input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | | |
| <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

s/ David W. Spivey

David W. Spivey
 Signature of Debtor 1

Executed on 3/03/2023
 MM / DD / YYYY

s/ Marlene K. Spivey

Marlene K. Spivey
 Signature of Debtor 2

Executed on 3/03/2023
 MM / DD / YYYY

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**s/ Ann Mostoller
s/ Hannah Tippett**

Signature of Attorney for Debtor

Date **3/03/2023**

MM / DD / YYYY

Ann Mostoller / Hannah Tippett 001146 / 028287

Printed name

Mostoller, Stulberg, Whitfield, Allen & Tippett

Firm name

**136 S. Illinois Ave., Suite 104
Oak Ridge, TN 37830**

Number, Street, City, State & ZIP Code

Contact phone **865-482-4466**

Email address

keveritt@msw-law.com

001146 / 028287 TN

Bar number & State

Certificate Number: 12459-TNE-CC-037163461



12459-TNE-CC-037163461

CERTIFICATE OF COUNSELING

I CERTIFY that on February 6, 2023, at 4:22 o'clock PM PST, David Spivey received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of Tennessee, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 6, 2023 By: /s/Jim Santavee

Name: Jim Santavee

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Certificate Number: 12459-TNE-CC-037163462



12459-TNE-CC-037163462

CERTIFICATE OF COUNSELING

I CERTIFY that on February 6, 2023, at 4:22 o'clock PM PST, Marlene Spivey received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of Tennessee, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 6, 2023 By: /s/Jim Santavee

Name: Jim Santavee

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF TENNESSEE | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

| | Debtor 1 | Debtor 2 | | |
|---|--|--|---|--|
| From January 1 of current year until the date you filed for bankruptcy: | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$4,326.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 |

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
|---|--|---|--|---|
| For last calendar year: (January 1 to December 31, 2022) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$30,471.02 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$18,024.65 |
| For the calendar year before that: (January 1 to December 31, 2021) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$41,382.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$19,822.00 |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

| | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
|--|--|--|--|---|
| From January 1 of current year until the date you filed for bankruptcy: | | \$0.00 | Social Security | \$3,616.00 |
| For last calendar year: (January 1 to December 31, 2022) | | \$0.00 | Social Security | \$14,520.80 |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|-----------------------------|------------------|-------------------|----------------------|--------------------------|
| | | | | |

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|--|---------------------------------|-------------------|----------------------|--|
| Y-12 Federal Credit Union PO Box 2512 Oak Ridge, TN 37831 | \$525/month - current | \$1,575.00 | \$30,129.00 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| ORNL Federal Credit Union PO Box 365 Oak Ridge, TN 37831 | \$283.40/month - current | \$850.20 | \$6,949.00 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Pentagon Federal Credit Union Attn: Bankruptcy PO Box 1432 Alexandria, VA 22313 | \$478.56 - 12/16/22 and 1/18/23 | \$957.12 | \$16,647.00 | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No
 Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No
 Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No
 Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---|--------------------|--|---|
| Fifth Third Bank, N.A. vs. David Spivey C3LA0001 | Debt collection | Anderson County Circuit Court Clinton, TN 37716 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property | Date | Value of the property |
|---|---|------|-----------------------|
| Explain what happened | | | |
| Fifth Third Bank, N.A. PO Box 674 Wilmington, OH 45177-0674 | 2020 Conquest RV | 8/22 | \$60,000.00 |
| | <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied. | | |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
| | | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address: | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Charity's Name | Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|--|----------------|--|-------------------------------|-----------------------|-------|
| | | | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|---|--|-------------------|------------------------|
| Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | | | |
| | | | |

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (*if known*) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Address Email or website address Person Who Made the Payment, if Not You Mostoller, Stulberg, Whitfield, Allen & 136 S. Illinois Ave., Suite 104 Oak Ridge, TN 37830 keveritt@msw-law.com | Attorney Fees | 2/1/23 | \$1,300.00 |

| | | | |
|--|------------------------|--------|---------|
| Abacus Credit Counseling 17337 Ventura Boulevard, Suite 226 Encino, CA 91316 | Credit counseling fees | 2/1/23 | \$40.00 |
|--|------------------------|--------|---------|

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---------------------|---|-----------------------------------|-------------------|
|---------------------|---|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

| | | | |
|------------------------------|---|--|------------------------|
| Person Who Received Transfer | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|------------------------------|---|--|------------------------|

Address

Person's relationship to you

Tanya Byrge

2014 Mitsubishi Lancer Sport, fmv \$5000

Daughter paid off
\$12000 loan.

10/21

daughter

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|------------------------|
|---------------|---|------------------------|

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known)

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
|--|---|-----------------------|-----------------------|

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|--|--|-----------------------|-------|
|--|--|-----------------------|-------|

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (*if known*)

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

| | | | |
|--|---|-----------------------------------|----------------|
| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

| | | | |
|---------------------------|---|--------------------|--------------------|
| Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|---|--|
| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
|--|---|--|

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

| | |
|---|-------------|
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
|---|-------------|

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (*if known*) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ David W. Spivey _____

David W. Spivey
Signature of Debtor 1

/s/ Marlene K. Spivey _____

Marlene K. Spivey
Signature of Debtor 2

Date 3/03/2023

Date 3/03/2023

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | |
|---|--------------------------|-------------------------------|-----------|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT OF TENNESSEE | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---|---|
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ 0.00 |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 0.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 49,750.19 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 49,750.19 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|---|--|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 63,334.00 |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 63,334.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 0.00 |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 0.00 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 117,385.80 |
| | | Your total liabilities \$ 180,719.80 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---|--------------------|
| 4. | Schedule I: Your Income (Official Form 106I) | \$ 3,902.08 |
| | Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 3,902.08 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | \$ 3,898.88 |
| | Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 3,898.88 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,435.31

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following: | Total claim |
|--|-----------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ <u>0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>0.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0.00</u> |
| 9d. Student loans. (Copy line 6f.) | \$ <u>0.00</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ <u>0.00</u> |
| 9g. Total. Add lines 9a through 9f. | \$ <u>0.00</u> |

Fill in this information to identify your case and this filing:

| | | | |
|--|--------------------------|-------------|---|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE | | | |
| Case number | | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

| | |
|----------------------|-------------------------------|
| 3.1 Make: | Ford |
| Model: | Ranger STX |
| Year: | 2020 |
| Approximate mileage: | 25000 |
| Other information: | VIN: 1FTER4EH9LLA78412 |

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$30,000.00 \$30,000.00

| | |
|----------------------|-------------------------------|
| 3.2 Make: | Tao Motor |
| Model: | TBR7 250cc motorcycle |
| Year: | 2021 |
| Approximate mileage: | |
| Other information: | VIN: L9NLARJC8M1702432 |

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$500.00 \$500.00

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

3.3 Make: **Hyundai**
Model: **Elantra**
Year: **2018**
Approximate mileage: **35000**
Other information:
VIN: KMHD84LF2JU543146

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$14,000.00

\$14,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$44,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware
 No
 Yes. Describe.....

couch, bookshelf, old computer cabinet, dining table, coffee & end tables, 2 recliners, 2 beds, 3 chests/dressers, 4 lamps, deep freeze, washer & dryer, microwave, dishes & cookware, grill, riding mower, push mower, outdoor furniture, small air conditioner, misc. tools

\$1,200.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

TV, stereo, DVD player, 2 portable radios, laptop, printer

\$370.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

2 paintings

\$25.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

1 tri hull plastic boat

\$250.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

.45 pistol

\$75.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

clothing

\$550.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

watches, wedding rings

\$1,285.00

misc. jewelry

\$20.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,775.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | |
|---------------------------------|--------------------------------------|-----------------|
| 17.1. husband's checking | ORNL Federal Credit Union | \$490.42 |
| 17.2. husband's savings | ORNL Federal Credit Union | \$62.96 |
| 17.3. wife's checking | ORNL Federal Credit Union | \$3.83 |
| 17.4. wife's savings | ORNL Federal Credit Union | \$87.98 |
| 17.5. husband's account | Pentagon Federal Credit Union | \$25.00 |
| 17.6. wife's account | Pentagon Federal Credit Union | \$5.00 |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.
 Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes. Institution name or individual:

| | | |
|-------------------------|--------------------------|-----------------|
| security deposit | City of Oak Ridge | \$350.00 |
|-------------------------|--------------------------|-----------------|

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

estimated 2022 tax refund (husband's will be seized for back taxes, wife will file for injured spouse status)

\$450.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

wife's universal life policy, Lincoln

Financial Group

policy issued 9/1/20 - no cash value yet

daughter

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,475.19

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

| | |
|---|---|
| 55. Part 1: Total real estate, line 2 | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | \$44,500.00 |
| 57. Part 3: Total personal and household items, line 15 | \$3,775.00 |
| 58. Part 4: Total financial assets, line 36 | \$1,475.19 |
| 59. Part 5: Total business-related property, line 45 | \$0.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 |
| 62. Total personal property. Add lines 56 through 61... | \$49,750.19 |
| | Copy personal property total \$49,750.19 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | \$49,750.19 |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF TENNESSEE | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|---|--|------------------------------------|
| | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption. | |
| 2021 Tao Motor TBR7 250cc motorcycle VIN: L9NLARJC8M1702432 Line from <i>Schedule A/B</i>: 3.2 | \$500.00 | <input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| 2018 Hyundai Elantra 35000 miles VIN: KMHD84LF2JU543146 Line from <i>Schedule A/B</i>: 3.3 | \$14,000.00 | <input checked="" type="checkbox"/> \$6,795.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| couch, bookshelf, old computer cabinet, dining table, coffee & end tables, 2 recliners, 2 beds, 3 chests/dressers, 4 lamps, deep freeze, washer & dryer, microwave, dishes & cookware, grill, riding mower, push mower, outdoor furniture, small air conditioner Line from <i>Schedule A/B</i>: 6.1 | \$1,200.00 | <input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| TV, stereo, DVD player, 2 portable radios, laptop, printer Line from <i>Schedule A/B</i>: 7.1 | \$370.00 | <input checked="" type="checkbox"/> \$370.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim <i>Check only one box for each exemption.</i> | Specific laws that allow exemption |
|--|--|--|------------------------------------|
| 2 paintings Line from Schedule A/B: 8.1 | <u>\$25.00</u> | <input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| 1 tri hull plastic boat Line from Schedule A/B: 9.1 | <u>\$250.00</u> | <input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| .45 pistol Line from Schedule A/B: 10.1 | <u>\$75.00</u> | <input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| clothing Line from Schedule A/B: 11.1 | <u>\$550.00</u> | <input checked="" type="checkbox"/> \$550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-104 |
| watches, wedding rings Line from Schedule A/B: 12.1 | <u>\$1,285.00</u> | <input checked="" type="checkbox"/> \$1,285.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-104 |
| misc. jewelry Line from Schedule A/B: 12.2 | <u>\$20.00</u> | <input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| husband's checking: ORNL Federal Credit Union Line from Schedule A/B: 17.1 | <u>\$490.42</u> | <input checked="" type="checkbox"/> \$490.42 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| husband's savings: ORNL Federal Credit Union Line from Schedule A/B: 17.2 | <u>\$62.96</u> | <input checked="" type="checkbox"/> \$62.96 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| wife's checking: ORNL Federal Credit Union Line from Schedule A/B: 17.3 | <u>\$3.83</u> | <input checked="" type="checkbox"/> \$3.83 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| wife's savings: ORNL Federal Credit Union Line from Schedule A/B: 17.4 | <u>\$87.98</u> | <input checked="" type="checkbox"/> \$87.98 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| husband's account: Pentagon Federal Credit Union Line from Schedule A/B: 17.5 | <u>\$25.00</u> | <input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |

| Debtor 1 Debtor 2 | David W. Spivey Marlene K. Spivey | Case number (if known) | |
|--|--|--|------------------------------------|
| | | | |
| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from <i>Schedule A/B</i> | <i>Check only one box for each exemption.</i> | |
| wife's account: Pentagon Federal Credit Union Line from <i>Schedule A/B:</i> 17.6 | <u>\$5.00</u> | <input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| security deposit: City of Oak Ridge Line from <i>Schedule A/B:</i> 22.1 | <u>\$350.00</u> | <input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |
| estimated 2022 tax refund (husband's will be seized for back taxes, wife will file for injured spouse status) Line from <i>Schedule A/B:</i> 28.1 | <u>\$450.00</u> | <input checked="" type="checkbox"/> \$450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tenn. Code Ann. § 26-2-103 |

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

| | | | |
|--|--------------------------|-------------|-----------|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TENNESSEE</u> | | | |
| Case number (if known) _____ | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Creditor's Name | Describe the property that secures the claim: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion if any |
|-----------------|---|---|--|--------------------------------------|
|-----------------|---|---|--|--------------------------------------|

| | | | | |
|------------------------------|-------------------------------|--------------------|----------------|----------------|
| 2.1 Internal Revenue Service | Debtor 1's possessions | \$26,000.00 | Unknown | Unknown |
|------------------------------|-------------------------------|--------------------|----------------|----------------|

Creditor's Name

Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA
19101-7346

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Tax lien**

Date debt was incurred **2014-2019**

Last 4 digits of account number **8379**

| | | | | | | | | |
|--|--------------------------|------------------|-------------------|-----------------|---|---|-------------|--------|
| Debtor 1 | David W. Spivey | First Name _____ | Middle Name _____ | Last Name _____ | Case number (if known) _____ | | | |
| Debtor 2 | Marlene K. Spivey | First Name _____ | Middle Name _____ | Last Name _____ | | | | |
| 2.2 ORNL Federal Credit Union | | | | | | | | |
| Creditor's Name _____ | | | | | Describe the property that secures the claim: _____ | \$6,949.00 | \$14,000.00 | \$0.00 |
| | | | | | 2018 Hyundai Elantra 35000 miles VIN: KMHD84LF2JU543146 | | | |
| | | | | | As of the date you file, the claim is: Check all that apply. | | | |
| | | | | | <input type="checkbox"/> Contingent | | | |
| | | | | | <input type="checkbox"/> Unliquidated | | | |
| | | | | | <input type="checkbox"/> Disputed | | | |
| | | | | | Nature of lien. Check all that apply. | | | |
| | | | | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | | |
| | | | | | <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | | |
| | | | | | <input type="checkbox"/> Judgment lien from a lawsuit | | | |
| | | | | | <input checked="" type="checkbox"/> Other (including a right to offset) | Purchase Money Security Interest | | |
| Who owes the debt? Check one. | | | | | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | | | | | |
| <input checked="" type="checkbox"/> Debtor 2 only | | | | | | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | | | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | | | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | | | | | | |
| Date debt was incurred 8/18 | | | | | Last 4 digits of account number 0001 | | | |
| 2.3 ORNL Federal Credit Union | | | | | Describe the property that secures the claim: _____ | \$256.00 | \$14,000.00 | \$0.00 |
| Creditor's Name _____ | | | | | 2018 Hyundai Elantra 35000 miles VIN: KMHD84LF2JU543146 | | | |
| | | | | | As of the date you file, the claim is: Check all that apply. | | | |
| | | | | | <input type="checkbox"/> Contingent | | | |
| | | | | | <input type="checkbox"/> Unliquidated | | | |
| | | | | | <input type="checkbox"/> Disputed | | | |
| | | | | | Nature of lien. Check all that apply. | | | |
| | | | | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | | |
| | | | | | <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | | |
| | | | | | <input type="checkbox"/> Judgment lien from a lawsuit | | | |
| | | | | | <input checked="" type="checkbox"/> Other (including a right to offset) | Cross-collateralized credit card | | |
| Who owes the debt? Check one. | | | | | | | | |
| <input type="checkbox"/> Debtor 1 only | | | | | | | | |
| <input checked="" type="checkbox"/> Debtor 2 only | | | | | | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | | | | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | | | | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | | | | | | |
| Date debt was incurred 2018- | | | | | Last 4 digits of account number 9272 | | | |

| | | | | | | | | |
|----------|----------------------------------|-----------------|-------------|-----------|---|-------------|-------------|----------|
| Debtor 1 | David W. Spivey | First Name | Middle Name | Last Name | Case number (if known) | | | |
| Debtor 2 | Marlene K. Spivey | First Name | Middle Name | Last Name | | | | |
| 2.4 | Y-12 Federal Credit Union | Creditor's Name | | | Describe the property that secures the claim: | \$30,129.00 | \$30,000.00 | \$129.00 |

**PO Box 2512
Oak Ridge, TN 37831**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

2020 Ford Ranger STX 25000 miles
VIN: 1FTER4EH9LLA78412

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Purchase Money Security Interest**

Date debt was incurred **2/21**

Last 4 digits of account number **0001**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$63,334.00

If this is the last page of your form, add the dollar value totals from all pages.

\$63,334.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[] Name, Number, Street, City, State & Zip Code
U.S. Attorney's Office
Howard H. Baker Jr. U.S. Courthouse
800 Market St., Ste 211
Knoxville, TN 37902

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number _____

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF TENNESSEE | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| 4.1 | Total claim |
|--|-------------|
| Affirm, Inc. | \$313.47 |
| Nonpriority Creditor's Name | |
| PO Box 720 | |
| San Francisco, CA 94104 | |
| Number Street City State Zip Code | |
| Who incurred the debt? Check one. | |
| <input checked="" type="checkbox"/> Debtor 1 only | |
| <input type="checkbox"/> Debtor 2 only | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | |
| <input type="checkbox"/> At least one of the debtors and another | |
| <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> Yes | |
| Last 4 digits of account number | I78B |
| When was the debt incurred? | 2019 |
| As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | | | |
|---|---|---|---|------------|
| 4.2 | American Anesthesiology of Tennessee | | Last 4 digits of account number <u>2212</u> | \$4,028.80 |
| Nonpriority Creditor's Name PO Box 945575 Atlanta, GA 30394 | | When was the debt incurred? <u>4/22</u> | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Medical Services</u> <input type="checkbox"/> Yes | | | | |
| American Express | | Last 4 digits of account number <u>4813</u> | \$30.00 | |
| Nonpriority Creditor's Name PO Box 981535 El Paso, TX 79998-1535 | | When was the debt incurred? <u>2015-</u> | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Purchase of Merchandise</u> <input type="checkbox"/> Yes | | | | |
| Bank of America | | Last 4 digits of account number <u>9186</u> | \$5,284.10 | |
| Nonpriority Creditor's Name PO Box 982235 El Paso, TX 79998 | | When was the debt incurred? <u>2022</u> | | |
| As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Purchase of Merchandise</u> <input type="checkbox"/> Yes | | | | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | | |
|--|--|---|----------|
| 4.5 | Barclays Bank Delaware Nonpriority Creditor's Name 125 S. West St. Wilmington, DE 19801 Number Street City State Zip Code | Last 4 digits of account number 8399 | \$245.00 |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Purchase of Merchandise <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| Capital One Nonpriority Creditor's Name PO Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | | | |
| 4.6 | Last 4 digits of account number 5411 | \$392.00 | |
| When was the debt incurred? 2019-2023 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Purchase of Merchandise (Bass Pro Shops) <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| CBO Covenant Medical Management Nonpriority Creditor's Name PO Box 59065 Knoxville, TN 37950 Number Street City State Zip Code | | | |
| 4.7 | Last 4 digits of account number 5138 | \$87.60 | |
| When was the debt incurred? 7/22 | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical Services <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | | |
|------|--|--|------------|
| 4.8 | Chase Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code | Last 4 digits of account number 3336 | \$147.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? 2017- | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |
| 4.9 | Citi Nonpriority Creditor's Name Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code | Last 4 digits of account number 6807 | \$2,360.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? 2021- | |
| | <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |
| 4.10 | Citi Nonpriority Creditor's Name Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code | Last 4 digits of account number 9282 | \$678.70 |
| | Who incurred the debt? Check one. | When was the debt incurred? 2019- | |
| | <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: | |
| | Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (Shell) | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

4.1
Citi
 Nonpriority Creditor's Name
Box 6500
Sioux Falls, SD 57117
 Number Street City State Zip Code
Who incurred the debt? Check one.
 Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Purchase of Merchandise**

4.1
Comenity Bank (Sportsman's Guide)
 Nonpriority Creditor's Name
Bankruptcy Dept.
P.O. Box 182125
Columbus, OH 43218-2125
 Number Street City State Zip Code
Who incurred the debt? Check one.
 Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Purchase of Merchandise**

4.1
Comenity Capital Bank
 Nonpriority Creditor's Name
Bankruptcy Dept.
PO Box 183043
Columbus, OH 43218-3043
 Number Street City State Zip Code
Who incurred the debt? Check one.
 Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No Student loans
 Yes Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Purchase of Merchandise (Academy)**

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

4.1
4

| | | |
|---|--|----------|
| Comenity Capital Bank Nonpriority Creditor's Name Bankruptcy Dept. PO Box 183043 Columbus, OH 43218-3043 Number Street City State Zip Code | Last 4 digits of account number 7236 | \$221.00 |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (GoodSam Visa) | |

4.1
5

| | | |
|---|---|------------|
| Discover Bank Nonpriority Creditor's Name PO Box 3025 New Albany, OH 43054-3025 Number Street City State Zip Code | Last 4 digits of account number 8367 | \$1,936.00 |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

4.1
6

| | | |
|---|---|----------|
| Discover Bank Nonpriority Creditor's Name PO Box 3025 New Albany, OH 43054-3025 Number Street City State Zip Code | Last 4 digits of account number 9734 | \$341.00 |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

4.1
7

| | | |
|--|---|----------|
| Exxon Mobil Credit Card Nonpriority Creditor's Name PO Box 7032 Sioux Falls, SD 57117 Number Street City State Zip Code | Last 4 digits of account number 5353 | \$142.00 |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | | |

4.1
8

| | | |
|--|---|----------|
| Fast Pace Health Nonpriority Creditor's Name 6550 Carothers Pkwy Ste 225 Franklin, TN 37067 Number Street City State Zip Code | Last 4 digits of account number | \$796.35 |
| Who incurred the debt? Check one. | | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> Other. Specify Medical Services | | |

4.1
9

| | | |
|--|---|------------|
| Fifth Third Bank Nonpriority Creditor's Name Attn: Bankruptcy Maildrop RCS83E 1830 E Paris Ave SE Grand Rapids, MI 49546 Number Street City State Zip Code | Last 4 digits of account number 3596 | \$1,301.40 |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

4.2
0

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|--|--|-------------|
| Fifth Third Bank, N.A. Nonpriority Creditor's Name PO Box 674 Wilmington, OH 45177-0674 Number Street City State Zip Code | Last 4 digits of account number 9515 | \$50,256.00 |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Repossession deficiency | |

4.2
1

| | | |
|--|--|------------|
| First National Bank of Omaha Nonpriority Creditor's Name PO Box 3128 Omaha, NE 68103 Number Street City State Zip Code | Last 4 digits of account number 1792 | \$3,139.26 |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

4.2
2

| | | |
|--|--|------------|
| First National Bank of Omaha Nonpriority Creditor's Name PO Box 3128 Omaha, NE 68103 Number Street City State Zip Code | Last 4 digits of account number 4186 | \$1,677.06 |
| Who incurred the debt? Check one. | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

4.2
3

| | | |
|--|--|----------|
| First National Bank of Omaha Nonpriority Creditor's Name PO Box 3128 Omaha, NE 68103 Number Street City State Zip Code | Last 4 digits of account number 6203 | \$894.99 |
| Who incurred the debt? Check one. | When was the debt incurred? 2016- | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

4.2
4

| | | |
|--|--|----------|
| First National Bank of Omaha Nonpriority Creditor's Name PO Box 3128 Omaha, NE 68103 Number Street City State Zip Code | Last 4 digits of account number 2564 | \$463.00 |
| Who incurred the debt? Check one. | When was the debt incurred? 2015- | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

4.2
5

| | | |
|--|--|----------|
| Home Depot Credit Services Nonpriority Creditor's Name PO Box 790328 St. Louis, MO 63179 Number Street City State Zip Code | Last 4 digits of account number 6621 | \$128.00 |
| Who incurred the debt? Check one. | When was the debt incurred? 2016- | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Type of NONPRIORITY unsecured claim: | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

4.2
6

| | | | |
|---|--|-------------|------------|
| LendingUSA | Last 4 digits of account number | 0658 | \$3,769.00 |
| Nonpriority Creditor's Name PO Box 206536 Dallas, TX 75320-6536 | When was the debt incurred? | 3/20 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Loan | | |

4.2
7

| | | | |
|--|--|--------------|----------|
| Methodist Medical Center | Last 4 digits of account number | 0604 | \$205.41 |
| Nonpriority Creditor's Name 1420 Centerpoint Blvd., Bldg C Knoxville, TN 37932 | When was the debt incurred? | 11/22 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input checked="" type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Medical Services | | |

4.2
8

| | | | |
|--|--|-------------|----------|
| Methodist Medical Center | Last 4 digits of account number | 1108 | \$153.67 |
| Nonpriority Creditor's Name 1420 Centerpoint Blvd., Bldg C Knoxville, TN 37932 | When was the debt incurred? | 9/22 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input checked="" type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Other. Specify Medical Services | | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | |
|----------|---|-------------------|
| 4.2 9 | Methodist Medical Center Nonpriority Creditor's Name 1420 Centerpoint Blvd., Bldg C Knoxville, TN 37932 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services | \$6,183.28 |
| 4.3 0 | ORNL Federal Credit Union Nonpriority Creditor's Name PO Box 365 Oak Ridge, TN 37831 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | \$183.00 |
| 4.3 1 | OrthoTennessee Nonpriority Creditor's Name PO Box 59003 Knoxville, TN 37950-9003 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | \$115.33 |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | | |
|----------|--|--|--------------------|
| 4.3 2 | Pentagon Federal Credit Union Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1432 Alexandria, VA 22313 Number Street City State Zip Code | Last 4 digits of account number 0708 When was the debt incurred? 11/21 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Loan, Medical Bills <input type="checkbox"/> Yes | \$16,647.00 |
| 4.3 3 | Pentagon Federal Credit Union Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1432 Alexandria, VA 22313 Number Street City State Zip Code | Last 4 digits of account number 9706 When was the debt incurred? 1/22 As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Loan <input type="checkbox"/> Yes | \$8,128.34 |
| 4.3 4 | Pentagon Federal Credit Union Nonpriority Creditor's Name PO Box 456 Alexandria, VA 22313-0456 Number Street City State Zip Code | Last 4 digits of account number 0868 When was the debt incurred? 2021-2023 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Purchase of Merchandise <input type="checkbox"/> Yes | \$1,947.59 |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

4.3
5

| | | |
|---|---|----------|
| Shell Nonpriority Creditor's Name PO Box 6406 Sioux Falls, SD 57117 Number Street City State Zip Code | Last 4 digits of account number 3252 | \$190.00 |
| Who incurred the debt? Check one. | When was the debt incurred? 2019- | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |

4.3
6

| | | |
|---|--|----------|
| Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965065 Orlando, FL 32896-5060 Number Street City State Zip Code | Last 4 digits of account number 4820 | \$769.00 |
| Who incurred the debt? Check one. | When was the debt incurred? 2020- | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (eBay) | |

4.3
7

| | | |
|---|---|----------|
| Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code | Last 4 digits of account number 2616 | \$417.00 |
| Who incurred the debt? Check one. | When was the debt incurred? 2017- | |
| As of the date you file, the claim is: Check all that apply | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (Score Rewards) | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | | |
|--|--|---|----------|
| 4.3 8 | Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965065 Orlando, FL 32896-5060 | Last 4 digits of account number 9743 | \$320.61 |
| Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (Belk) | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (Chevron) | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (Amazon) | | | |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | | |
|----------|--|--|-----------------|
| 4.4 1 | Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 3242 When was the debt incurred? 2017- As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (Amazon) | \$180.00 |
| 4.4 2 | Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965065 Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 1869 When was the debt incurred? 2018- As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (Lowe's) | \$24.00 |
| 4.4 3 | Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 2458 When was the debt incurred? 2022 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (Harbor Freight) | \$12.00 |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

4.4
4

| | | |
|--|--|---------|
| Synchrony Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965060 Orlando, FL 32896-5060 | Last 4 digits of account number 4459 | Unknown |
| Number Street City State Zip Code | When was the debt incurred? 2015-2017 | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise (BP) | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.4
5

| | | |
|--|---|----------|
| Synchrony Bank/PayPal Credit Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965064 Orlando, FL 32896-5061 | Last 4 digits of account number 5972 | \$751.00 |
| Number Street City State Zip Code | When was the debt incurred? 2018- | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

4.4
6

| | | |
|--|---|----------|
| US Bank, NA Nonpriority Creditor's Name Bankruptcy/Recovery Dept. P.O. Box 5229 Cincinnati, OH 45201 | Last 4 digits of account number 9376 | \$302.41 |
| Number Street City State Zip Code | When was the debt incurred? 2018- | |
| Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise | |
| Is the claim subject to offset? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | | |
|--|--|--|-----------------|
| 4.4 7 | Wells Fargo/Dillard Nonpriority Creditor's Name PO Box 14517 Des Moines, IA 50306 Number Street City State Zip Code | Last 4 digits of account number 5830 | \$435.00 |
| | | When was the debt incurred? 2017- | |
| As of the date you file, the claim is: Check all that apply | | | |
| <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Purchase of Merchandise</p> | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Anderson County Circuit Court
Rex Lynch, Clerk
100 N. Main St., Ste 309
Case No. C3LA0001
Clinton, TN 37716

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.20** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Brock & Scott, PLLC
Attorneys for Fifth Third Bank
1315 Westbrook Plaza Dr.
Winston Salem, NC 27103

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.20** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Citi
Box 6500
Sioux Falls, SD 57117

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.35** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Citi
Box 6500
Sioux Falls, SD 57117

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.17** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
KLS Financial Services
991 Aviation Pkwy Suite 500
Morrisville, NC 27560

Last 4 digits of account number **5012**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.18** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Reports, Inc.
601 S. Concord St., Ste 116
Knoxville, TN 37919

Last 4 digits of account number **3487**

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.29** of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 **David W. Spivey**
Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total claims from Part 1 | Total Claim |
|--------------------------------|--|
| | 6a. Domestic support obligations 6a. \$ <u>0.00</u> |
| | 6b. Taxes and certain other debts you owe the government 6b. \$ <u>0.00</u> |
| | 6c. Claims for death or personal injury while you were intoxicated 6c. \$ <u>0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ <u>0.00</u> |
| | 6e. Total Priority. Add lines 6a through 6d. 6e. \$ <u>0.00</u> |
| Total claims from Part 2 | Total Claim |
| | 6f. Student loans 6f. \$ <u>0.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$ <u>0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ <u>0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6i. \$ <u>117,385.80</u> |
| | 6j. Total Nonpriority. Add lines 6f through 6i. 6j. \$ <u>117,385.80</u> |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF TENNESSEE | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 U.S. Cellular 8410 W. Bryn Mawr Ave. Chicago, IL 60631-3486 | Debtor 2's cell phone contract - Debtor will assume contract |
| 2.2 Verizon Wireless 500 Technology Dr. #550 Saint Charles, MO 63304-2225 | Debtor 1's cell phone contract - Debtor will assume contract |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF TENNESSEE | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____
Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name _____
Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

| | |
|---|--------------------------------------|
| Debtor 1 | <u>David W. Spivey</u> |
| Debtor 2 (Spouse, if filing) | <u>Marlene K. Spivey</u> |
| United States Bankruptcy Court for the: | <u>EASTERN DISTRICT OF TENNESSEE</u> |
| Case number (if known) | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---|---|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed |
| Occupation | <u>Non EMT Driver</u> | <u>Retired</u> |
| Employer's name | <u>Gold Star Transportation, Inc.</u> | |
| Employer's address | <u>1237 E. Weisgarber Rd. Knoxville, TN 37950</u> | |

How long employed there? 9 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>2,561.00</u> | \$ <u>0.00</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>0.00</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>2,561.00</u> | \$ <u>0.00</u> |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| Copy line 4 here | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---|---|
| 5. List all payroll deductions: | 4. \$ <u>2,561.00</u> | \$ <u>0.00</u> |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ <u>466.92</u> | \$ <u>0.00</u> |
| 5b. Mandatory contributions for retirement plans | 5b. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5c. Voluntary contributions for retirement plans | 5c. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5d. Required repayments of retirement fund loans | 5d. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5e. Insurance | 5e. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5f. Domestic support obligations | 5f. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5g. Union dues | 5g. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5h. Other deductions. Specify: _____ | 5h.+ \$ <u>0.00</u> | + \$ <u>0.00</u> |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ <u>466.92</u> | \$ <u>0.00</u> |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ <u>2,094.08</u> | \$ <u>0.00</u> |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8b. Interest and dividends | 8b. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8d. Unemployment compensation | 8d. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8e. Social Security | 8e. \$ <u>0.00</u> | \$ <u>1,808.00</u> |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8g. Pension or retirement income | 8g. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8h. Other monthly income. Specify: _____ | 8h.+ \$ <u>0.00</u> | + \$ <u>0.00</u> |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ <u>0.00</u> | \$ <u>1,808.00</u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ <u>2,094.08</u> | + \$ <u>1,808.00</u> = \$ <u>3,902.08</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | 11. +\$ <u>0.00</u> | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 12. \$ <u>3,902.08</u> | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | |

Fill in this information to identify your case:

| | |
|---|--------------------------------------|
| Debtor 1 | David W. Spivey |
| Debtor 2 | Marlene K. Spivey |
| (Spouse, if filing) | |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF TENNESSEE |
| Case number (If known) | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage
payments and any rent for the ground or lot.

4. \$ **820.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|--------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 17.16 |
| 4c. \$ | 50.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 **David W. Spivey**
 Debtor 2 **Marlene K. Spivey**

Case number (if known) _____

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ 300.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 192.00 |
| | 6d. Other. Specify: _____ | 6d. \$ 0.00 |
| 7. Food and housekeeping supplies | 7. \$ 575.00 | |
| 8. Childcare and children's education costs | 8. \$ 0.00 | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 30.00 | |
| 10. Personal care products and services | 10. \$ 20.00 | |
| 11. Medical and dental expenses | 11. \$ 320.00 | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 250.00 | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 45.00 | |
| 14. Charitable contributions and religious donations | 14. \$ 0.00 | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ 40.32 | |
| 15b. Health insurance | 15b. \$ 0.00 | |
| 15c. Vehicle insurance | 15c. \$ 185.00 | |
| 15d. Other insurance. Specify: _____ | 15d. \$ 0.00 | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ 0.00 | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ 525.00 | |
| 17b. Car payments for Vehicle 2 | 17b. \$ 284.40 | |
| 17c. Other. Specify: ORNL - cross-collateralized credit card | 17c. \$ 25.00 | |
| 17d. Other. Specify: _____ | 17d. \$ 0.00 | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 | |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | \$ 0.00 | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ 0.00 | |
| 20b. Real estate taxes | 20b. \$ 0.00 | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ 0.00 | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ 0.00 | |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0.00 | |
| 21. Other: Specify: Vehicle maintenance & registration | 21. +\$ 70.00 | |
| Cigarettes | + \$ 100.00 | |
| Gifts, holidays & misc. | + \$ 50.00 | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ 3,898.88 | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ 3,898.88 | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ 3,898.88 | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ 3,902.08 | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ 3,898.88 | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ 3.20 | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | David W. Spivey | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Marlene K. Spivey | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF TENNESSEE | | |
| Case number (if known) | | | |

Check if this is an amended filing

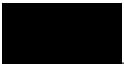
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ David W. Spivey

David W. Spivey
Signature of Debtor 1

Date 3/03/2023

X /s/ Marlene K. Spivey

Marlene K. Spivey
Signature of Debtor 2

Date 3/03/2023

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245 filing fee

\$78 administrative fee

+ \$15 trustee surcharge

\$338 total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their debts
and who are willing to allow their non-exempt
property to be used to pay their creditors. The
primary purpose of filing under chapter 7 is to have
your debts discharged. The bankruptcy discharge
relieves you after bankruptcy from having to pay
many of your pre-bankruptcy debts. Exceptions exist
for particular debts, and liens on property may still
be enforced after discharge. For example, a creditor
may have the right to foreclose a home mortgage or
repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your
discharge.

You should know that even if you file chapter 7 and
you receive a discharge, some debts are not
discharged under the law. Therefore, you may still
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | |
|-------------------|--------------------|
| \$1,167 | filing fee |
| + \$571 | administrative fee |
| \$1,738 total fee | |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | |
|-------|------------------------------------|
| \$200 | filing fee |
| + | <u>\$78 administrative fee</u> |
| | \$278 total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | |
|-------|------------------------------------|
| \$235 | filing fee |
| + | <u>\$78 administrative fee</u> |
| | \$313 total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Eastern District of Tennessee**

In re **David W. Spivey
Marlene K. Spivey**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **3/03/2023**

s/ David W. Spivey

David W. Spivey
Signature of Debtor

Date: **3/03/2023**

s/ Marlene K. Spivey

Marlene K. Spivey
Signature of Debtor

Date: **3/03/2023**

s/ Ann Mostoller

s/ Hannah Tippett

Signature of Attorney
Ann Mostoller / Hannah Tippett 001146 / 028287
Mostoller, Stulberg, Whitfield, Allen & Tippett
136 S. Illinois Ave., Suite 104
Oak Ridge, TN 37830
865-482-4466 Fax: 865-481-0940

Experian
PO Box 4500
Allen, TX 75013

TransUnion Consumer Solutions
PO Box 2000
Chester, PA 19016

Telecheck Services, Inc.
ATTN: Bankruptcy Dept.
PO Box 6806
Hagerstown, MD 21741-6806

ChexSystems, Inc.
Attn: Consumer Relations
7805 Hudson Rd, Ste 100
Woodbury, MN 55125

Affirm, Inc.
PO Box 720
San Francisco, CA 94104

American Anesthesiology of Tennessee
PO Box 945575
Atlanta, GA 30394

American Express
PO Box 981535
El Paso, TX 79998-1535

Anderson County Circuit Court
Rex Lynch, Clerk
100 N. Main St., Ste 309
Case No. C3LA0001
Clinton, TN 37716

Bank of America
PO Box 982235
El Paso, TX 79998

Barclays Bank Delaware
125 S. West St.
Wilmington, DE 19801

Brock & Scott, PLLC
Attorneys for Fifth Third Bank
1315 Westbrook Plaza Dr.
Winston Salem, NC 27103

Capital One
PO Box 30285
Salt Lake City, UT 84130

CBO Covenant Medical Management
PO Box 59065
Knoxville, TN 37950

Chase
PO Box 15298
Wilmington, DE 19850-5298

Citi
Box 6500
Sioux Falls, SD 57117

Comenity Bank (Sportsman's Guide)
Bankruptcy Dept.
P.O. Box 182125
Columbus, OH 43218-2125

Comenity Capital Bank
Bankruptcy Dept.
PO Box 183043
Columbus, OH 43218-3043

Discover Bank
PO Box 3025
New Albany, OH 43054-3025

Exxon Mobil Credit Card
PO Box 7032
Sioux Falls, SD 57117

Fast Pace Health
6550 Carothers Pkwy Ste 225
Franklin, TN 37067

Fifth Third Bank
Attn: Bankruptcy
Maildrop RCS83E 1830 E Paris Ave SE
Grand Rapids, MI 49546

Fifth Third Bank, N.A.
PO Box 674
Wilmington, OH 45177-0674

First National Bank of Omaha
PO Box 3128
Omaha, NE 68103

Home Depot Credit Services
PO Box 790328
St. Louis, MO 63179

Internal Revenue Service
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101-7346

KLS Financial Services
991 Aviation Pkwy Suite 500
Morrisville, NC 27560

LendingUSA
PO Box 206536
Dallas, TX 75320-6536

Methodist Medical Center
1420 Centerpoint Blvd., Bldg C
Knoxville, TN 37932

ORNL Federal Credit Union
PO Box 365
Oak Ridge, TN 37831

OrthoTennessee
PO Box 59003
Knoxville, TN 37950-9003

Pentagon Federal Credit Union
Attn: Bankruptcy
PO Box 1432
Alexandria, VA 22313

Pentagon Federal Credit Union
PO Box 456
Alexandria, VA 22313-0456

Reports, Inc.
601 S. Concord St., Ste 116
Knoxville, TN 37919

Shell
PO Box 6406
Sioux Falls, SD 57117

Synchrony Bank
Attn: Bankruptcy Dept.
PO Box 965065
Orlando, FL 32896-5060

Synchrony Bank
Attn: Bankruptcy Dept.
PO Box 965060
Orlando, FL 32896-5060

Synchrony Bank/PayPal Credit
Attn: Bankruptcy Dept.
PO Box 965064
Orlando, FL 32896-5061

U.S. Attorney's Office
Howard H. Baker Jr. U.S. Courthouse
800 Market St., Ste 211
Knoxville, TN 37902

U.S. Cellular
8410 W. Bryn Mawr Ave.
Chicago, IL 60631-3486

US Bank, NA
Bankruptcy/Recovery Dept.
P.O. Box 5229
Cincinnati, OH 45201

Verizon Wireless
500 Technology Dr. #550
Saint Charles, MO 63304-2225

Wells Fargo/Dillard
PO Box 14517
Des Moines, IA 50306

Y-12 Federal Credit Union
PO Box 2512
Oak Ridge, TN 37831